



IRCHC Membership Application

Full Name: _____ Phone: _____

Street address: _____

City: _____ ZIP: _____ State: _____

Email: _____ AMA#: _____ Birth date: _____

Previous/other club affiliations (if applicable): _____

Main Interests: Sport F3C Scale 3D
 Electric Nitro/Gas Other: _____

Rate your degree of proficiency: (0 – none to 5 – high) - Building: _____ Flying: _____

Signature: _____ Date: _____

If applicant is under the age of 18, signature of Parent or Guardian: _____

Membership Dues (circle all which apply)

Open – 18 and over: **\$50**
Student* – 17 and under: **\$25**
Extra family adult* – 18 and over: **\$25**

**Initiation fee does not apply to students
or extra family adults*

New Members Only

After 7/31 - **\$25**
After 11/1 - **\$50** covers following year

TOTAL PAYMENT: _____

Please make checks payable to:
Indianapolis RC Helicopter Club

Mail checks to:
Jim Brown
189 Valley Farm Ct.
Fishers, IN 46037

Office Use Only

Name badge ordered: _____
Notice to editor: _____
Given training plan: _____
AMA Member: _____
Welcome letter mailed: _____
ID card mailed: _____
Copy of newsletter mailed: _____